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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/298.064
		Filing Date	April 22, 1999 COPY OF PAPERS
		First Named Inventor	Guangcai Xing OR
		Group Art Unit	1763
		Examiner Name	Zervigon, R.
Total Number of Pages in This Submission	7	Attorney Docket Number	2616US/RTP/

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosures (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Copy of one cited reference Return receipt postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William Thomas Babbitt, Reg. No. 39,591 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN
Signature	<i>William T. Babbitt</i>
Date	1/3/01

CERTIFICATE OF MAILING (OR TRANSMISSION)			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: January 3, 2002			
Typed or printed name	Nedy Calderon		
Signature	<i>Nedy Calderon</i>	Date	01/03/02

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$) 180.00

Complete if Known

Application Number	09/298,064
Filing Date	04/22/99
First Named Inventor	Guangcai Xing, et al.
Examiner Name	Zervigon, R.
Group Art Unit	1763
Attorney Docket Number	2616US/RTP/

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name Blakely, Sokoloff, Taylor & Zafman LLP

- ☒ Charge Any Additional Fee Required Under 37CFR 1.16 and 1.17

☐ Applicant claims small entity status
☐ See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
9	20** =	0 X 18.00 =	\$0.00
3	7** =	0 X 84.00 =	\$0.00

Multiple Dependent Claims =

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple Dependent claim	
109	84	209	42	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$) 0.00

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840	113	1,840	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	400	216	200	Extension for response within second month	
117	920	217	460	Extension for response within third month	
118	1,440	218	720	Extension for response within fourth month	
128	1,960	228	980	Extension for response within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidably	
141	1,280	241	640	Petition to revive - unintentionally	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	180
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 180.00

SUBMITTED BY

Typed or Printed Name William Thomas Babbitt, Reg. No. 39,591

Signature

William T. Babbitt

Date

3/3/01

Complete (if applicable)

Reg. Number

Deposit Account User ID

02-2666

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